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COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 3225

SERIAL NUMBER 09/541,351	FILING DATE 03/31/2000 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 20060
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APPLICANTS
Francisco Jose Barreras SR., Miami, FL;
Oscar Jimenez, Coral Gables, FL;

**** CONTINUING DATA *******
THIS APPLICATION IS A REI OF 08/690,968 08/01/1996 PAT 5,733,313 *ordered 8/6/02*

**** FOREIGN APPLICATIONS ******* *none*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 06/30/2000**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 6	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 6
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35 USC 119 (a-d) conditions met
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged
Examiner's Signature _____ Initials _____

ADDRESS
THOMAS R. VIGIL
WELSH & KATZ, LTD.
120 SOUTH RIVERSIDE PLAZA
22ND FLOOR
CHICAGO ,IL 60606

TITLE
RF coupled, implantable medical device with rechargeable back-up power source

FILING FEE RECEIVED 1108	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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CONFIRMATION NO. 3225

SERIAL NUMBER 09/541,351	FILING DATE 03/31/2000 RULE	CLASS 607	GROUP ART UNIT 373162	ATTORNEY DOCKET NO. 20060
APPLICANTS Francisco Jose Barreras SR., Miami, FL; Oscar Jimenez, Coral Gables, FL;				
** CONTINUING DATA ***** THIS APPLICATION IS A REI OF 08/690,968 08/01/1996 PAT 5,733,313				
** FOREIGN APPLICATIONS ***** <i>none</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/30/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>MA</i> Allowance Examiner's Signature _____ Initials _____		STATE OR COUNTRY FL	SHEETS DRAWING 6	TOTAL CLAIMS 31
		INDEPENDENT CLAIMS 6		
ADDRESS Mr Thomas R Vigil Vigil & Associates 836 South Northwest Highway Barrington ,IL 60010				
TITLE RF coupled, implantable medical device with rechargeable back-up power source				
FILING FEE RECEIVED 1108	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	